



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

| Full Organization Name: | | Free | inds of Rich | Abi | bol |
|--|----------|----------------------------------|--|----------|--|
| Account Number: | | | _ | Date of | this Report: 12/31/07 |
| REPORTING PERIOD: | | FROM: | 1/1/07 | TO: | 12/31/07 |
| Check the box that applies | to this | report: | | | |
| Primary Election General Election Other Election Special Election | | 8-DAY 8-DAY 8-DAY 8-DAY | ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY | | New Castle County Council, 3rd Distri |
| Year End Report | | Complete | ed Activities (Terminate) | | Temination Date: |
| regulations regarding Cam | npaign l | Finance an | d the election process in t | he State | curate and correct. I agree to abide by all rules and of Delaware. I understand that representatives from rmation provided on this report. |
| Luhard | Lit | Abhe | H | | 12/31/07 |

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STATEMENT OF ACCOUNT BALANCE

| AC | CCOUNT #: | REPORTING PERIOD: | 1/1/07 /FRØM | 2/31/09 |
|----|---------------------------|---|-----------------|--------------|
| 1. | BEGINNING (Close Out I | BALANCE Balance from last reporting period) | (1 | 12,124 |
| 2. | RECEIPTS: | | | |
| | A. | SCHEDULE A – TOTAL RECEIPTS | | \mathbb{C} |
| | В. | SCHEDULE C-1 – TOTAL IN-KIND (NON CASH) RECEIPTS | | |
| | C. | SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED | | |
| | D. | SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES REC | EIVED | 0 |
| | E. SUBT | OTAL (Total of A, B, C, D) | | _0 |
| 3. | EXPENDITU | RES: | | .1- |
| | F. | SCHEDULE B - TOTAL EXPENDITURES | | 475 |
| | G. | SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIP | TS USED) | |
| | H. | SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING | | 0 |
| | I. | SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID |) | 0 |
| | J. SUB | TOTAL (Total of F, G, H, I) | | 475 |
| 4. | ENDING BA | LANCE Balance plus 2E, minus 3J) | | 11,649 |
| 5. | NON-CASH A | ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F) | | 0 |
| 6. | DISPOSITIO | N OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedul | e G) | 6 |
| 7. | LOANS AT E | ND OF PERIOD (Loan Balance from Schedule D-2) | | _0 |
| 8. | CLOSE OUT | BALANCE (Must equal zero if Committee closed) | | 11.649 |



SCHEDULE A - TOTAL RECEIPTS

| ACCT #: | REPORTING PERIOD: | 1/1/07 | 12/3/107 |
|---------|-------------------|--------|----------|
| | | FROM | (ro (|

1 1

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

| Date | Contrib | Contributor | Contributor | Aggregate | Amount |
|------------|---|--|---|-----------|----------|
| Received | Type | Name | Mailing Address | Amount | Received |
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| | OTAL RECEI | | | | 0 |
| HIS TOTAL | SHOULD ALSO | APPEAR ON PAGE 2, STATEMENT O | F ACCOUNT BALANCE, ITEM 2A) | | |



SCHEDULE B - TOTAL EXPENDITURES

| ACCT #: | REPORTING PERIOD: | - } | /1 | 107 | 12/31 | 07 | |
|---------|-------------------|-----|----|-----|-------|----|--|
| | | | FR | OM | ТО | | |

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting cycle, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

| Date | Payee | Payee | Reason | Aggregate | Amount |
|-------------|-------------------------------|--|--------|---------------|----------|
| Expended | Name . | Mailing Address | Code | Amount | Expended |
| 32607 | Friends At Jun Bowers | 115 | | | 75 |
| 7/13/07 | Energy of wing the | llps | | | 200 |
| 10/15/07 | FYCOLOGS OF JIM BOWA | 5.1 | | | 200 |
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| TOTAL EX | EPENDITURES NOT IN EXCESS | OF \$100 | | | 05 |
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| GRAND TO | OTAL EXPENDITURES | | | | 0475 |
| (THIS TOTAL | SHOULD ALSO APPEAR ON PAGE 2, | STATEMENT OF ACCOUNT BALANCE, ITEM | M 3F) | | |



SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

| | | | 1/1/07 | 12/3/107 |
|--|----------------------------------|---|-------------------------------|-------------------------|
| ACCT#: | | REPORTING PERIOD: | (10) | 14/101 |
| | | | FROM | / TO |
| NOTE: If you re | eceive in-kind contributions fro | o charge or less than fair market value in ea m the same person or organization several int is over \$100, even if the individual amo | times during the reporting pe | |
| | TRIBUTIONS IN EXCESS | | | l. |
| (NOTE: ESTIMA) | TED VALUE RECEIVED IS FAIR | MARKET VALUE LESS ANY PAYMENTS YOU | MADE FOR THE GOODS OR S | SERVICES) |
| Date | Contributor | Contributor | Description o | |
| AND THE RESERVE AND THE PARTY OF THE PARTY O | ■ ■ 140×0000×1 | THE MAN THE STATE OF THE STATE | C | W. P. B. W. W. W. W. W. |

| Date | Contributor | Contributor | Description of | Estimated |
|---------------|-------------------------------|-------------------------------------|----------------|---------------|
| Received | Name | Mailing Address | Contribution | Value Receive |
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| OTAL IN-KIN | D RECEIPTS IN EXCESS OF | \$100 | | 10 |
| OTAL III-KIII | D RECEII 13 IN EACESS OF | 3100 | | NO. |
| OTAL IN-KIN | D RECEIPTS NOT IN EXCE | SS OF \$100 | | 0 |
| o and an and | Daniel In Inch | | | |
| PAND TOTAL | L IN-KIND RECEIPTS | | | |
| | | | | |
| HIS TOTAL SHO | OULD ALSO APPEAR ON PAGE 2, A | 21STATEMENT OF ACCOUNT BALANCE, ITI | EM 2B) | |



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

| ACCT #: | | REPORTING PERIOD: | FROM | то |
|------------------|-----------------------------------|---|-------------------------------|---------------|
| | | | 1 (| |
| Itemize all good | ds and services expended at no cl | narge or less than fair market value in excess of | \$100 for the reporting perio | d. |
| | | me person or organization several times during to t is over \$100, even if the individual amounts ar | | |
| cach item must | be listed if the aggregate amoun | is 5 over 5100, even it the marriadar amounts at | e nou | |
| IN-KIND EXP | ENDITURES IN EXCESS OF | \$100: | | |
| | | IARKET VALUE LESS ANY PAYMENTS YOU RECE | | |
| Date | Person or Activity | Person or Activity | Description of | Estimated |
| Expended | Name | Location or Mailing Address | Expenditure | Value Expende |
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| TOTAL IN-K | IND EXPENDITURES IN EXC | CESS OF \$100 | | |
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GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

| | REPORTING PERIOD: | 171107 | 121: | 1101 |
|---|--|--|---|---|
| n excess of \$50 RECEIVED DURING THIS REI | PORTING PERIOD should be itemized on this schedule. NO | FROM | J | го |
| D IN EXCESS OF \$50: | | | | |
| Obligated To (Name) And Mailing Address | Endorser Name and Mailing Address | Description of Security | Int Rate | Amount Received |
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| | D IN EXCESS OF \$50: Obligated To (Name) | n excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOT DIN EXCESS OF \$50: Obligated To (Name) | n excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule DINEXCESS OF \$50: Obligated To (Name) And Mailing Address Bendorser Name and Mailing Address of Security Of Security | n excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2. D IN EXCESS OF \$50: Obligated To (Name) |

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

| | g loans and debts in excess of \$50 XCESS OF \$50: | must be listed. This includes loans from Len | ding Institutions, Candidate's Personal Fo | and Other Cont | ributors. | | FROM |
|---------|--|--|--|----------------|--------------|-----------|---------------|
| Date | Obligated To (Name) | Endorser Name | Description | Int | Original | Payments | Loan |
| eceived | And Mailing Address | and Mailing Address | of Security | Rate | Loan Amount | Made | Balance |
| _ | | | | | | | |
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SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

| ACCT#: | | | REPORTI | NG PERIOD: | 1107 12/31 FROM TO |
|-----------------|---|--|------------------|-------------------------|-----------------------|
| | sements received by you and paid by you must be item | nized. ments from other Committees for expenses you incur | red.) | | |
| Date | Reimburser Name | Description | Activity | Total | Reimbursement |
| Received | and Mailing Address | of Activity | Date | Expense Amount | Received |
| (REIMBURSEMENTS | RSEMENTS RECEIVED FROM OTHER COMMI | STATEMENT OF ACCOUNT BALANCE, ITEM 2D) | | | 0 |
| | TS PAID (Monies paid by you to reimburse other | | T 1 | | |
| Date Paid | Payee Name and Mailing Address | Description of Activity | Activity Date | Total Expense Amount | Reimbursement Paid |
| | | | | | |
| TOTAL REIMBUI | RSEMENTS PAID PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATE | EMENT OF ACCOUNT BALANCE, ITEM 3D | | | 0 |



SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

| ACCT #: | | REPORTING PERIOD: | 07 12/31 |
|--|----------------------------|--|--------------------|
| temize all non-cash as contributed to the orga | nization. | ose paid for by the organization, lent to the organization | |
| Date | Description | Location | Value |
| Received | of Asset | of Asset (Physical Address) | of Asset |
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| TOTAL NON CASH | ASSET VALUE | | 0 |

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

| ACCT#: | | REPORTING PERIOD: | 11/07 2/31/0 |
|---------------------------|--|---------------------------------------|-------------------|
| Itemize all non-cash asse | ets disposed of, transferred or sold by the orga | nization during the reporting period. | FROM (T |
| Date Date | Description Description | Disposition | Value |
| Eliminated | of Asset | of Asset | Received |
| THE RESIDENCE | | | |
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| TOTAL ASSETS ELI | MINATED | • | 0 |
| | ATED SHOULD ALSO APPEAR ON PAGE 2, STAT | TEMENT OF ACCOUNT BALANCE ITEM 6 | |